

08/03/00



PTO 08/03/00

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Approved for use through 09/30/2000. OMB 0651-0033
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
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REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

Attorney Docket No.	DENSE-015X
First Named Inventor	AARON URI LEVY ET AL.
Original Patent Number	5,869,353
Original Patent Issue Date (Month/Day/Year)	02/09/99
Express Mail Label No.	EL538738372US

APPLICATION FOR REISSUE OF:
(check applicable box)

Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS

1. ☒ * Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
2. ☒ Specification and Claims (amended, if appropriate)
3. ☒ Drawing(s) (proposed amendments, if appropriate)
4. ☒ Reissue Oath / Declaration (original or copy)
(37 C.F.R. § 1.175)(PTO/SB/51 or 52)
5. Original U.S. Patent
☒ Offer to Surrender Original Patent (37 C.F.R. § 1.178)
(PTO/SB/53 or PTO/SB/54)
or
☐ Ribboned Original Patent Grant
☐ Affidavit / Declaration of Loss (PTO/SB/55)
6. Original U.S. Patent currently assigned?
☒ Yes ☐ No
(If Yes, check applicable box(es))
☒ Written Consent of all Assignees (PTO/SB/53 or 54)
☒ 37 C.F.R. § 3.73(b) Statement ☐ Power of Attorney

ACCOMPANYING APPLICATION PARTS

7. ☐ Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
8. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
9. ☐ English Translation of Reissue Oath/Declaration
(if applicable)
10. ☐ Statement(s) ☐ Statement filed in prior application,
(PTO/SB/09-12) Status still proper and desired
11. ☒ Preliminary Amendment
12. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
13. ☒ Other: CHECK FOR FILING FEES
AND CERTIFICATE OF
MAILING.

* NOTE FOR ITEMS 1 & 10: IN ORDER TO BE ENTITLED TO PAY
SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED
(37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION
IS RELIED UPON (37 C.F.R. § 1.28).

14. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label ☐ Correspondence address below
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Name	KIT M. STETINA				
	STETINA BRUNDA GARRED & BRUCKER				
Address	24221 CALLE DE LA LOUISA				
	4TH FLOOR				
City	LAGUNA HILLS	State	CA	Zip Code	92653
Country	U.S.A.	Telephone	(949) 855-1246	Fax	(949) 855-6371

NAME (Print/Type)	KIT M. STETINA	Registration No. (Attorney/Agent)	29,445
Signature		Date	8/3/00

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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)
DENSE-015X

Claims as Filed - Part 1

Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 6	Total Claims (37 CFR 1.16(j))	(B) 3	**** 0 =	x \$ 9 =	0	or	x \$ =
(C) 2	Independent Claims (37 CFR 1.16(i))	(D) 1	* 0 =	x \$ 39 =	0		x \$ =
Basic Fee (37 CFR 1.16(h))					\$345.		\$
Total Filing Fee					\$345.	OR	\$

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 9	MINUS	** 20	= 0	x \$ 9 =	0	or	x \$ =
Independent Claims (37 CFR 1.16(i))	*** 3	MINUS	***** 3	= 0	x \$ 39 =	0		x \$ =
Total Additional Fee					\$ 0	OR	\$	

- * If the entry in (D) is less than the entry in (C), Write "0" in column 3.
 ** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.
 *** After any cancellation of claims
 **** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).
 ***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

- ☐ Please charge Deposit Account No. _____ in the amount of _____.
A duplicate copy of this sheet is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 19-4330.
A duplicate copy of this sheet is enclosed.
- ☒ A check in the amount of \$ 345.00 to cover the filing / additional fee is enclosed.

8/13/00
Date


Signature of Applicant, Attorney or Agent of Record

KIT M. STETINA

Typed or printed name

Please type a plus sign (+) inside this box → ☐

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PATENT APPLICATION SERIAL NO. _____

U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE
FEE RECORD SHEET

08/24/2000 ASELLMAN 00000060 09633297

01 FC:208 345.00 DP

08/21/2000 DFLOYD 00000001 194330 09633297

01 FC:208 345.00 CH
02 FC:209 39.00 CH

Adjustment date: 08/24/2000 ASELLMAN
08/21/2000 DFLOYD 00000001 194330 09633297
01 FC:208 345.00 CR

PTO-1556
(5/87)

ATTORNEY DOCKET:
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SERIAL NO.: UNKNOWN
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MODULAR PANEL STACKING PROCESS

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BOX PATENT APPLICATION
WASHINGTON, D.C. 20231

on 8-3-2000
(Date)

Trista Dunn

Signature

TRISTA DUNN

Typed or printed name of person signing Certificate

PAPERS TRANSMITTED HEREWITH:

COMPLETION OF FILING REQUIREMENTS -

1. REISSUE PATENT APPLICATION TRANSMITTAL of 1 pg.;
2. REISSUE APPLICATION FEE TRANSMITTAL FORM of 1 pg.;
3. CHECK in the amount of \$345.00 (Reissue App Fee);
4. SPECIFICATION AND CLAIMS of 11 pgs.;
5. DRAWINGS of 5 pgs.;
6. PRELIMINARY AMENDMENT of 6 pgs.;
7. REISSUE APPLICATION DECLARATION BY ASSIGNEE of 2 pgs.;
8. REISSUE APPLICATION BY THE ASSIGNEE, OFFER TO SURRENDER PATENT of 1 pg.; 9. STATEMENT UNDER 37 CFR 3.73(b) of 1 pg. including COPY OF RECORDED ASSIGNMENT of 2 pgs.; and
10. RETURN POSTCARD.

jc841 U.S. 09/633297

